

## July 28, 2016 Industrial Insurance Medical Advisory Committee Meeting

### Draft Minutes (\*actions taken)

Topic	Discussion & Outcome(s)
	<p><b>Members present:</b> Drs. Chamblin, Friedman, Gutke, Howe, Lang, Leveque, Seaman, Thielke, Waring, Haines</p> <p><b>Members absent:</b> Dr. Harmon, Carter, Tauben, Codsí</p> <p><b>L&amp;I staff present:</b> Dr. Gary Franklin, Leah Hole-Marshall, Dr. Carly Eckert, Dr. Nicholas Reul, Simone Javaher, Angela Jones, Zach Gray, Jami Lifka, Barbara Braid, Karen Jost, Dr. Bob Mootz, Dr. Lee Glass, Dr. Hal Stockbridge, Jessica Creighton</p> <p><b>Public:</b> Dr. Tom Boyce, Terri Smith-Weller, Deborah Fulton-Kehoe</p> <p style="text-align: center;">*Action Item</p>
Welcome, Introductions, Minutes, Announcements	<ul style="list-style-type: none"> <li>• Dr. Chamblin welcomed group and opened meeting.</li> <li>• Mention was made of new member Dr. Michael Codsí who's first meeting will be in October.</li> <li>• Safety Tip provided regarding summer sun safety.</li> <li>• *The minutes from 1/28/2016 were read, modified and approved unanimously.</li> <li>• *Chair and vice-chair elections were held in accordance with the bylaws. Blank ballots were given to all present members. Open discussion produced the nomination of Andrew Friedman for chair and Kirk Harmon for vice-chair. No other nominations were offered. The members voted via written ballot and immediately collected. The count was tallied by two L&amp;I staff and announced after the below mentioned ACHIEV update. Both chair and vice-chair had a majority of the committee in votes.</li> </ul>
Advisory Committee on Healthcare Innovation and Evaluation (ACHIEV)	<p>Leah Hole-Marshall updated the committee on the morning's ACHIEV meeting. ACHIEV focused on Provider Best Practices and COHE updates in Healthy Worker 2020 (HW2020). Presentations and minutes available at: <a href="http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/PNAG/default.asp">http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/PNAG/default.asp</a></p> <p>During the ACHIEV meeting, provider feedback was solicited for PT communication. Additional data sought for next analysis. Stepped care presentation given in regards to HW2020. Different aspects of passive therapy were also brought up. There was an update from the COHE group discussing the three year review survey of approximately 300 people. About 250 were providers and the other 50 being staff or advisors. Overall the feedback was positive but areas for improvement were highlighted. A presentation on chronic pain and behavioral health was given by Dawn Ehde. She discussed collaborative care and the stepped care concepts.</p>
Opioid Update	<p>Dr. Gary Franklin opened discussion on the recent opioid related news and the IIMAC's role in reducing inappropriate use of opioids through its guidelines and risk of harm definitions. Committee discussed the recent shut down of Seattle Pain Center clinics and the impact on the patients and other clinicians accepting the displaced patients. Dr. Franklin showed a new "Mercier-Franklin Opioid Boomerang" 1991-2015 slide showing a rise in claims with opioids with correspondingly higher proportion of costs and a subsequent drop after guidelines were introduced.</p>



<p>Psychosocial Determinants Influencing Recovery (PDIR)</p>	<p>Dr. Bob Mootz presented the Psychosocial Determinants Influencing Recovery (PDIR) practice resource which is the first joint IIMAC and IICAC project.</p> <p>It is designed to look at better ways of identifying and managing psychosocial risk factors. He presented a visual overview of a completed document and walked the group through its highlights. The document addresses psychosocial issues that can be addressed by attending providers and those that may need additional support (e.g. referral for PGAP or specialty care). The PDIR resource emphasizes what attending providers can do to address psychosocial problems and what additional options are available to assist them. The document is an educational resource and includes key messages for workers, summarizes various screening tools and evidence for them along with evidence for various interventions. Tools presented allow for upfront identification of issues related to a successful recovery, best practice treatment options and how to monitor progress. Using the PDIR resource allows primary providers to keep patients in their practice for follow up. The resource aligns well with other department efforts including the functional recovery questionnaire and collaborative care for chronic pain (part of Healthy Worker 2020). It was brought up that there are similarities to the World Health Organization (WHO) Social Determinants of Health document. A question rose as to how best to disseminate this resource. There is a possibility of creating a category 1 CME, including a self-assessment test.</p> <p>Outcome: *The committee voted unanimously to endorse this as a practice resource-approved.</p>
<p>Carpal Tunnel Syndrome: Work Relatedness in Keyboarding and Mousing</p>	<p>Dr. Gary Franklin, Dr. Nicholas Reul, and Zach Gray led the discussion on Carpal Tunnel Syndrome (CTS): Work Relatedness in keyboarding and mousing. There is a current IIMAC Guideline on CTS, but evidence about the causal link between keyboarding/mousing and CTS is evolving and needs review.</p> <p>Dr. Franklin set context and highlighted the purpose of the discussion about potential guideline changes is limited to the relationship of keyboarding and mousing in the causation of CTS. Dr. Reul presented historical background information on workers compensation including the general concepts of liberal construction of the law, more probable than not, arising naturally, and arising proximately out of employment.</p> <p>Mr. Gray presented on the current evidence about keyboarding/mousing and CTS. The evidence was reviewed to better define risk factors using the Bradford-Hill criteria and consistency of association. Overall the evidence is a mix of heterogeneous studies with a low quality rating.</p> <p>The current CTS guideline was displayed for review including some proposed updated language. Given that there is some weak evidence and the liberal construction context, the staff recommendation is to keep keyboarding/mousing as a possible risk factor, but on a more limited or exceptional basis. Importantly, the current diagnostic criteria for accepting CTS which require symptoms and positive nerve conduction studies for acceptance on a claim remain unchanged.</p> <p>Dr. Boyce, a local hand surgeon, was present and provided public comment. He cited studies, that show that there is no risk of causing CTS by the activities of keyboarding and mousing and pointed out weaknesses in the studies cited by L&amp;I staff. Dr. Boyce also cited the AMA guideline which finds no causal relationship.</p> <p>Dr. Franklin agreed that the current evidence base is of poor quality and not definitive and opened the discussion to the committee. The committee discussed the evidence and options. Discussion focused on how to narrow the current language to focus on prolonged and intensive. There is one study that used 240 million keystrokes, but work would need to be done to translate that into guidance a clinician could use to correlate to work exposure. .</p>



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	<b>Outcome:</b> The committee agreed that given the lack of definitive evidence, keying could not be ruled out completely and requested staff present revised guideline language that would keep keyboarding/mousing as a possible cause of CTS but only if it were prolonged and intensive, with a request that further refinement be done to provide guidance on what would qualify as prolonged/intensive. 5 members volunteered to help re-write the work relatedness section in the guideline with L&I staff.
Open Public Meetings Act Training	Jessica Creighton presented the required, every 4 year, renewal training on the Open Public Meetings Act and Open Public Records laws. Please refer to <a href="http://www.atg.wa.gov/open-government-training">http://www.atg.wa.gov/open-government-training</a> for the curriculum.
Adjourn	Meeting was adjourned at 4:45.